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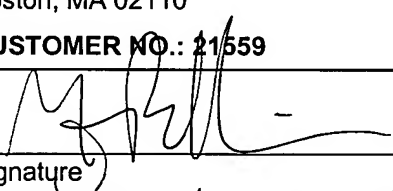
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10/674744
09/29/03

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50164/006003
Applicant	Robyn Sackeyfio et al.
Title	COMBINATIONS FOR THE TREATMENT OF INFLAMMATORY DISORDERS
PRIORITY INFORMATION:	
This application is a continuation of, and claims priority from, United States patent application 10/191,149 filed July 9, 2002, which claims the benefit of United States provisional application 60/304,089, filed July 9, 2001.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	19 pages
Claims	1 page
Abstract	1 page
Drawings	0 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 10/191,149 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages

English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$750/\$375	\$375
Excess Claims Fee: 8 - 20 x \$18/\$9	\$0
Excess Independent Claims Fee: 1 - 3 x \$84/\$42	\$0
Multiple Dependent Claims Fee: \$280/\$140	\$0
Total Fees:	\$375
<input checked="" type="checkbox"/> Enclosed is a check for \$375.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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